

Order# \_\_\_\_\_ ID# \_\_\_\_\_ Order Amt: \_\_\_\_\_ PV: \_\_\_\_\_



# Order Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell/Text \_\_\_\_\_ E-mail \_\_\_\_\_

I want more information on:  Hosting a Party & earn FREE Shaklee Products

How can I make money with Shaklee?



Women's Health Solutions

Men's Health Solutions

Solutions to Allergies & Asthma

Children's Health Solutions

Sports Nutrition

Shaklee 180 Weight Management

ITEM NUMBER	QUANTITY	ITEM DESCRIPTION	PV	PRICE
<input type="checkbox"/> AUTOSHIP Indicate frequency (ie date ea. Month, every 2-3-4 Months)		TOTAL PV		
			SUBTOTAL	
		MEMBERSHIP FEE (IF APPLICABLE)		
			Shipping	
			Tax	
			TOTAL	

METHOD OF PAYMENT:  VISA  MasterCard  Discover  AMEX

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_ CV2 \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

I certify that I ordered above goods at the presentation hosted by \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_